

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/823,888
	Filing Date	4/14/2004
	First Named Inventor	Julia T. Lathrop
	Art Unit	1641
	Examiner Name	Gary W. Counts
	Attorney Docket Number	2308/680

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 26774

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number 26774

**OR**

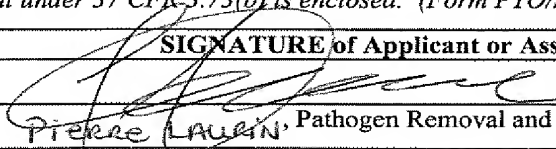
<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone			Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR-3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature					
Name	Pierre Laurin, Pathogen Removal and Diagnostic Technologies, Inc.				
Date	8 June 2007		Telephone	(514) 341-2115	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450